

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Jeremy Huffman, Sr	COURT CASE NUMBER 3:19-cv-169
DEFENDANT St Joseph County Jail et al	TYPE OF PROCESS summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
James Tieman, Physician
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
St Joseph County Jail, 401 W Sample Street, South Bend, IN 46601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Jeremy Huffman, Sr. 16508-027 Beckley FCI PO Box 350 Beaver, WV 25813	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 4
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		2021 FEB 18 PM

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3-4	District of Origin No. 27	District to Serve No. 37	Signature of Authorized USMS Deputy or Clerk J.	CLERK	DATE 3/11/21	Time 00:00	Date 3/11/21
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 2/13/21	Time 00:00	am
			pm

Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy J.
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Costs shown on attached USMS Cost Sheet >>

REMARKS

Service fee \$8.00 Total \$8.00



February 18, 2021

Dear T I:

The following is in response to your request for proof of delivery on your item with the tracking number:
9402 8169 0224 6689 4330 88.

Item Details

Status: Delivered, Left with Individual
Status Date / Time: February 13, 2021, 9:30 am
Location: SOUTH BEND, IN 46601
Postal Product: Priority Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Up to \$100 insurance included
Recipient Name: Nurse Jason LNU RN St Joseph County Jail

Shipment Details

Weight: 15.0oz

Recipient Signature

Signature of Recipient:

L Miller
NFC19

401 W SAMPLE ST SOUTH
BEND, IN 46601

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004